## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Human Rights Campaign Equality Votes		
		C C00508440
Check if 24-hour report X 48-hour report New report	Amends report filed on	07 27 2016
Full Name of Payee	Date	of Public Distribution/Dissemination
Human Rights Campaign		M M / D D / Y Y Y Y
Mailing Address 1640 Rhode Island Ave NW	Amo	07 19 2016 ount
	p Code	5467.26
3		saction ID : D630805 of Disbursement or Obligation
Purpose of Expenditure T-Shirts	Category/ Type	M M / 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Soug	ght: House District: 00
Hillary Rodham Clinton	Oppose Presi	dent Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disburseme 28928.53 2016	ent For: Primary X General
Per Election for Office Sought		Other (specify)
Full Name of Payee API	Date	e of Public Distribution/Dissemination
		07 20 7 2016
Mailing Address 4471 Nicole Dr	Amo	punt
City State Z	ip Code	2184.05
· ·	20706 Trans	saction ID : D630712
Purpose of Expenditure	Category/	e of Disbursement or Obligation
Pins	Type	07 20 2016
Name of Federal Candidate	Support Office Soug	ght: House District: 00
Hillary Rodham Clinton	Oppose Presi	dent Senate State:
Calendar Year-To-Date	Disburseme 2016	ent For: Primary X General
Per Election for Office Sought		Other (specify) ▶
(a) CURTOTAL of languaged Index and art Fun and itures		
(a) SUBTOTAL of Itemized Independent Expenditures	<b>L</b>	7651.31
(b) SUBTOTAL of Unitemized Independent Expenditures	······································	7
(c) TOTAL Independent Expenditures	<b>.</b>	
		. 49- 1 - 49- 1 - 42- 1
Under penalty of perjury I certify that the independent expenditures re with, or at the request or suggestion of, any candidate or authorized coparty committee) any political party committee or its agent.	•	•
Mr. James Rinefierd	M FOLIA	/ D D / Y Y Y Y
Signature [Electronical	lly Filed] Date 08	01 2016

## : 97 'A = G7 9 @ G B9 C I G'H9 L H'F9 @ 5 H98 'HC'5 'F9 DCF HZ'G7 < 98 I @ 'CF' ± H9 A ± N5 H± C B

Form/Schedule: F24A Transaction ID:

Amending FEC-1091254. Updating expense after final invoice received. (Vendor, API, originally reported expense \$2090.00; actual expense \$2184.05).

Form/Schedule: Transaction ID:

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Human Rights Campaign Equality Votes	C C00508440	
Check if 24-hour report 48-hour report New report Amends report f	iled on 07 27 2016	
Full Name of Payee API	Date of Public Distribution/Dissemination	
	07 20 / Y Y Y Y Y Y	
Mailing Address 4471 Nicole Dr	Amount	
City State Zip Code	571.02	
Lanham MD 20706	Transaction ID : D630713  Date of Disbursement or Obligation	
Purpose of Expenditure Stickers  Category/ Type	07 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate Support O	ffice Sought: House District: 00	
Hillary Rodham Clinton Oppose	President Senate State:	
	isbursement For:  Primary	
Full Name of Payee	Date of Public Distribution/Dissemination	
API	07 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 4471 Nicole Dr	Amount	
City State Zip Code	492.34	
Lanham MD 20706	Transaction ID : D630714  Date of Disbursement or Obligation	
Purpose of Expenditure Buttons  Category/ Type	07 D D D Y Y Y Y Y 2016	
Name of Federal Candidate Support O	ffice Sought: House District: 00	
Hillary Rodham Clinton Oppose	President Senate State:	
	isbursement For:  Primary	
(a) SUBTOTAL of Itemized Independent Expenditures		
(a) 222.0712 of nonineed independent Experience	1063.36	
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		
Mr. James Rinefierd [Electronically Filed] Date	08 01 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Signature		

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	PAGE 4 OF 4 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	IDENTIFICATION NUMBER ▼		
Human Rights Campaign Equality Votes	C00508440		
Check if 24-hour report X 48-hour report New report X Amends report filed on 07	27 2016		
Full Name of Payee Bully Pulpit Interactive LLC	blic Distribution/Dissemination		
Mailing Address 1140 Connecticut Ave NW Ste 800  Amount	2010		
City State Zip Code	5000.00		
Washington DC 20036 Transaction	n ID : D630804 sbursement or Obligation		
Purpose of Expenditure Online advertising  Category/ Type  07	27 / 2016		
Name of Federal Candidate Support Office Sought:	House District: 00		
Donald J. Trump    Oppose   President	Senate State:		
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: 28928.53  Disbursement For: 2016  Other (	: Primary		
Full Name of Payee Date of Pul	blic Distribution/Dissemination		
Mailing Address  Amount			
City State Zip Code	, ,		
Purpose of Expenditure  Category/ Type  Date of Dis	sbursement or Obligation		
Name of Federal Candidate  Support Office Sought: Oppose President	House District:		
Calendar Year-To-Date  Disbursement For			
(a) SUBTOTAL of Itemized Independent Expenditures	5000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7 1		
(c) TOTAL Independent Expenditures	13714.67		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			
Mr. James Rinefierd [Electronically Filed] Date 01			